

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022490

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107Primary Registration District No. 2019Registrar's No. 110

FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KennettLength of stay in 1b
7 weeks2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Dunklinc. CITY
OR
TOWN GibsonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Dunklin County Memorial HospitalInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

POWELL

Middle

THURMAN

Last

TUCK

4. DATE
OF
DEATHMonth
JuneDay
10Year
1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-28-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cotton Ginner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Anna, Illinois12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Paul Tuck

13b. MOTHER'S MAIDEN NAME

Belle Francis

14. NAME OF HUSBAND OR WIFE

Frona Tuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frona Tuck Gibson, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic heart dis

INTERVAL BETWEEN
ONSET AND DEATH

year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 10 June 62 and last saw her alive on 10 June 62
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph A. Zimmerman, M.D.

22b. ADDRESS

Kennett mo

22c. DATE SIGNED

12 June 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Burial June 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pine City Cemetery

23d. LOCATION (City, town, or county)

Holcomb, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Landess Funeral Home, Campbell, Mo

25. DATE RECD. BY LOCAL REG.

6-14-1962

26. REGISTRAR'S SIGNATURE

E. J. Harrison

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Christine Lander Beall

Licensed Embalmer No. 4227

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.